| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. (Signature Agent Addressee BReceived by (Printed Name) C. Date of Delivery |
| 1. Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| Ashland Oil c/o Ashland, Inc. James J. O'Brien | 0.10789 |
| James J. O Breit | 3. Service Type Certified Mail Registered Insured Mail C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number 7 (Transfer from service label) | 04 1160 0003 0353 5677 |
| PS Form 3811. August 2001 Domestic Ret | turn Receipt 102595-02-M-1540 |

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• Sender: Please print your name, address, and ZIP+4 in this box •

Kevin Shade (6SF-TE) U.S. EPA 1445 Ross Ave, Suite 1200 Dallas, TX 75202

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